Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ☑ No □ Event Description: LA Phil Date(s) ______/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above, is in accordanc
with the requirements.				

vitr\the requirements.	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Fead or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:

Comment:

,	gency Report of: eremonial Role Event	ts and Ticket/P	ass Distr	ibutions	Α	Public Document
	Agency Name			a afternoon to a fil	Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Region (if applicable)				For Official Use Only	
	First District, Board of Supervisors					
	Designated Agency Contact (Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Adminis	strator			Amondment (tout 2)	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Musi Pi	rovide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	ınty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	et policy? Yes [No ☐ F	ace Value of	Each Ticket/Pass \$ $\frac{99}{}$	
	Event Description: LA Phil			Date(s)3	, 2 , 18	
	Tighter(a)/Dagg(ag) are sided to	Provide Title/ Explai		. ΙΔ Phil		
	Ticket(s)/Pass(es) provided I	oy agency? Yes [] No⊠ I	no: <u>LA Phil</u>	Name of Source	
	Was ticket distribution made	at the behest ves r	□ No 🗵 🏻	yes:		
	of agency official?	163	그 140전		Official's Name (Last, First)	
	Use Section A to identify the agence Name of Agency, Department Staff		Use Section B to i Number of Ticket(s)/ Passes	1	e public purpose made purs	ify an outside organization.
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the fo	·llowing:
					onial Role Other Ing "Ceremonial Role" or "Other" desi	Income Cribe below:
					onial Role Other on "Other" description of the control of the cont	Income C
	C. Name of Outside Org		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
	Verification					
	I have read and understand FPF with the requirements. ////	C Regulations 18944.	1 and 18942. I	have verified to	hat the distribution set for	th above, is in accordance
	LVVAA/V		an Moret		Ticket Administrator	3/28/18
	Signature of Agency Head or Designed	e Pri	nt Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213,974,4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: LA Phil Date(s) __3__/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Staff Per ticket policy 5.3 (k) 4 Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

vermeation			
have read and understand FRPC Regu	lations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
vith the requirements.			
	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) __3 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Staff Per ticket policy 5.3 (k) 2 Number Identify one of the following: Name of Individual of Ticket(s)/ (Last. First) Passes Ceremonial Role Other ___ Income ___ If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification I have/read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret **Ticket Administrator** 3/28/18 Signature of Agenty Head or Designee Print Name (month, day, year) Comment: FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: , 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) __3_/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other ___ Income ___ If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

have read and understand FRPC Regula	tions 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
with the requirements.			·
	Megan Moret	Ticket Administrator	3/28/18
Signal/re of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) ______/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 区 If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 4 Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the reguliements Megan Moret **Ticket Administrator** 3/28/18 Signature of Agency Head or Désignee Print Name Title (month, day, year)

Comment: _

FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗀 Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 if yes: . Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 4 Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Income

4. \	/erification					
	have read and understand FPPC Regulativith the requirements.	tions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance				
		Megan Moret	Ticket Administrator	3/28/18		
-	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)		
	Comment:					

Number

of Ticket(s)/

Passes

Name of Outside Organization

(include address and description)

Income

If checking "Ceremonial Role" or "Other" describe below

If checking "Ceremonial Role" or "Other" describe below:

Other

Describe the public purpose made pursuant to the agency's policy

Ceremonial Role

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With the requirements.

Megan Moret Ticket Administrator 3/28/18

Signature of Agency Head/or Designee Print Name Title (month, day, year)

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213.974.4111 Date of Original Filing: mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: LA Phil Date(s) ______/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

Inave ream and understand FPPC Regulation	ns 18944.1 and 18942. I hav	e verified that the distribution set forth al	bove, is in accordance
with the requirements.			,
	Magan Marat	Tiplest Adversariation	0/00/40
	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes⊠ No 🗆 Date(s) 3 / 11 / Event Description: LA Phil Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit, · Use Section B to identify an individual. · Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other . If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Income Other ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4.	Verification					
	I have read and understand FF	PPC Regulations 18	944.1 and 18942.	I have verified that the	distribution set forth	above, is in accordanc
	with the requirements					
		/ .		ages j		0/00//0
			Megan Moret	пске	t Administrator	3/28/18
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes No No No Event Description: LA Phil Date(s) __3__/_ 16 / Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

With the requirements | Megan Moret | Ticket Administrator | 3/28/18 |
Signature of Agency Flead or Designee | Print Name | Title | (month, day, year)

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Agency Report of:

C	eremonial Role Even	its and Ticket/P	ass Distr	ibutions		A Public Document
	Agency Name	•••			Date Stamp	California 802
	County of Los Angeles					T CITI
	Division, Department, or Reg	jion (if applicable)				For Official Use Only
	First District, Board of Supe	rvisors				
	Designated Agency Contact]	
	Megan Moret, Ticket Admin	istrator			Amendment (Mus.	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail]	
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing	J:(month, day, year)
2.	Function or Event Infor	mation				400
	Does the agency have a tic	ket policy? Yes	No 🔲 🛚	Face Value of I	Each Ticket/Pass \$.	168
	Event Description: LA Phil			Date(s)3	<u>, 16 , 18</u>	1 1
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ I	If no: LA Phil	Name of Source	
	Was ticket distribution made	e at the behest Yes F] No⊠ 「	If yes:	Official's Name (Last, Firs	
	of agency official?	. 30 [_ ···		Отісіаї's Name (Last, Firs	i)
3.	Recipients					
•.	• Use Section A to identify the age	ncy's department or unit. • 1	Use Section B to	identify an individ	lual. • Use Section C to ide	entify an outside organization.
			Number		NEED AND A STANDARD STANDARDS	
	A. Name of Agency, Dep	arunent of UNI	of Ticket(s)/ Passes			ursuant to the agency's policy
	Staff		2	Per ticket po	licy 5.3 (k)	
			-			
	R Name of Ind	lenbivi	Number		J e.e e e	£. Fb
	B. Name of Ind (Last, Fil		of Ticket(s)/ Passes		Identify one of the	e ronowing:
					nonial Role 🔲 Other	
				If check	king "Ceremonial Role" or "Other"	describe below:
				Cerem	nonial Role Other	Income C
					king "Ceremonial Role" or "Other"	
	Name of Outside O)roanization	Number	<u>.</u>		
	C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
4.	Verification					
	I have read and understand FF	PPC Regulations 18944.	1 and 18942.	I have verified t	that the distribution set	forth above, is in accordance
	with the requirements.					
	<u> </u>		an Moret		Ticket Administrato	
	Signature of Agency Heled or Design	nee Pr	int Name		Title	(month, day, year)

Comment:

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4.			ca	
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with the requirements.	Megan Moret	Ticket Administrator	3/28/18
Signature of Agericy Head or Designee	Print Name	Title	(month, day, year)
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Verification

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Megan Moret

Ticket Administrator

3/28/18

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment:

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	C. (include address and description)	of Ticket(s)/ Passes	Describe the public purpose made pursuant	to the agency's policy
	-			
4.	Verification			*****
•	I have read and understand FPPC Regulation with the requirements.			
		Megan Moret	Ticket Administrator	3/28/18
	Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)

Number

Comment:

Ceremonial Role

Ceremonial Role

Other

Other

If checking "Ceremonial Role" or "Other" describe below:

If checking "Ceremonial Role" or "Other" describe below:

Income

Income

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

ceremonial Role Ever	its and lickeur	492 DISH	เมนเเบเเร	A	Public Document
I. Agency Name				Date Stamp	California 802
County of Los Angeles					. (1111)
Division, Department, or Reg	jion (if applicable)				For Official Use Only
First District, Board of Supe	ervisors				
Designated Agency Contact	(Name,Title)				
Megan Moret, Ticket Admin	istrator				
Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
213.974.4111	mmoret@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation				
Does the agency have a tic	ket policy? Yes I	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ 16	38
E B LA Phil					
Event Description: LA Phil	Provide Title/ Expla	[Date(s)	20 / 10	
Ticket(s)/Pass(es) provided			f no: LA Phil		
	2) 493110). 103[.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Source	<u> </u>
Was ticket distribution made	e at the behest Yes I	No 🗷 📙	f yes:		
of agency official?				Official's Name (Last, First)	

B. Recipients • Use Section A to identify the age	ncy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe the		suant to the agency's policy
Staff		4	Per ticket pol	icy 5.3 (k)	
B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes	1	Identify one of the f	Income C
			Cerem	onial Role Other ing "Ceremonial Role" or "Other" de:	Income
C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
				* ************************************	
. Verification					
I have read and understand FF with the requirements.	PC Regulations 18944.	.1 and 18942.	I have verified ti	hat the distribution set fo	orth above, is in accordance
/////	Mon	an Moret		Ticket Administrator	2/20/40
Signature of Agency Head of Design		arrivioret int Name		Title	3/28/18 (month, day, year)
0 - 0 - 3 - 3 - 3				1.14	(month, day, year)
Comment:					

Agency Report of: Ceremonial Role E

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
First District, Board of Supervisors		
Declarated A. O. C.		

	County of Los Angeles					Form UUZ
	Division, Department, or Reg			For Official Use Only		
	First District, Board of Supe					
	Designated Agency Contact	,		•		
	Megan Moret, Ticket Admini				Amendment (Must Prov	ride Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	213.974.4111	mmoret@bos.lacou	ınty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [X No ☐ F	ace Value of	Each Ticket/Pass \$ 99	
	Event Description: LA Phil		Г	Date(s) 3	<u>, 22 , 18 </u>	1 1
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [☐ No 🗵 🍴	f no: <u>LA Phil</u>	Name of Source	
	Was ticket distribution made	at the behest Yes f		f yes:	·	
	of agency official?	1001			Official's Name (Last, First)	
 3.	Recipients					
٥.	• Use Section A to identify the agen	cy's department or unit.	Use Section B to i	identify an individ	lual. • Use Section C to identify	an outside organization
			Number			
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
	Staff		2	Per ticket po	licy 5.3 (k)	
			£.			
			Number			
	B. Name of Indiv		of Ticket(s)/ Passes	Allegate	Identify one of the folk	owing:
				Cerem	nonial Role Other	Income 🔲
				If check	ing "Ceremonial Role" or "Other" descrit	e below:
				i .	nonial Role Other Other in Other Other Other	Income I
				,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and an amount of the second	0 001011.
	C Name of Outside Or	ganization	Number			
	C. (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pursua	int to the agency's policy
			-			
	V					
4.	Verification	DO De mulatione 40044	4 40040			
	I have read and understand FPI with the regulirements.	-o regulations 18944.	ı and 18942. I	rnave venhed t	nat the distribution set forth	above, is in accordance
	6V1/1 /1	Meg	an Moret		Ticket Administrator	3/28/18
	Signature of Agency Head or Designature		nt Name		Title	(month, day, year)

have read and understand FPPC Regulat	ions 18944.1 and 18942. I have	e verified that the distribution set forth a	bove, is in accordance
vith the regulirements.			,
	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title .	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213.974,4111 **Date of Original Filing:** mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) __3_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 4 Number В. Name of Individual identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income

		:	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
 -	Verification		
••		1 and 18942. I	have verified that the distribution set forth above, is in accordance

Megan Moret

Print Name

Signature of Agency Head or Designee

Comment:

3/28/18

(month, day, year)

If checking "Ceremonial Role" or "Other" describe below:

Ticket Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) ______/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🕅 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number В. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other 🔲 Income ... If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

ı nave ı	eao ano	i understan	ia FPPC	Regulations	18944.1 and	l 18942. I ha	ve verified tha	t the distribu	tion set forth al	bove. is in a	iccordance
with the	e keaulir à	ments/.\		•						,,	
	7.047.1	11101119	Λ								

with the Regalitation and the	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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With the requirements.

Megan Moret Ticket Administrator 3/28/18

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

I have read and understand FPPC Regulations 1,8944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213.974.4111 Date of Original Filing: mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes ☒ No ☐ Event Description: LA Phil Date(s) ______/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Staff Per ticket policy 5.3 (k) 2 Number

Verification I have read and understand FPPC Regula	ations 19044 4 and 19042 1 ha			
with the requirements.	Megan Moret	ve verified that the distribution set forth a Ticket Administrator	above, is in accordance 3/28/18	
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)	

of Ticket(s)/

Passes

Number

of Ticket(s)/

Passes

Name of Individual

(Last. First)

Name of Outside Organization

(include address and description)

C.

Comment:

Income

Identify one of the following:

If checking "Ceremonial Role" or "Other" describe below:

If checking "Ceremonial Role" or "Other" describe below:

Other

Other ___

Describe the public purpose made pursuant to the agency's policy

Ceremonial Role

Ceremonial Role

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors **Designated Agency Contact** (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: LA Phil Date(s) 3 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🔀 Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	e, is in accordance
with the requirements.				

with the requirements.	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ☑ No ☐ Event Description: LA Phil Date(s) ______/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Staff Per ticket policy 5.3 (k) 4 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

Verification

Comment: _

i nave re ad ∖and underst	and FPPC Regulations	18944.1 and 189	42. I have verified tl	hat the distribution s	et forth above.	is in accordance
with the requirements	-					70 117 G0001 GG1100
with the requirements.	1					

/				Market Ma
Signature	of Agend	y Head	or Designe	e

Megan Moret

Ticket Administrator

3/28/18

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213.974.4111 Date of Original Filing: . mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Event Description: LA Phil 25 / Date(s) __3_/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other ... If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other 🔲 Income ... If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4.	verification
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance
	with the tagglirements

	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: ___

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213,974,4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) __3__/ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 区 If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

I have nead and u	ınderstand FPPC Regul	ations 18944.1 and	d 18942. I have	verified that the	distribution set fo	rth above. is	in accordance
with the requirem	ente						
man and logal gill	Onio.						

	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Comment: ___

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California OOO
County of Los Angeles		Form 802
Division, Department, or Region (if applicable)		For Official Use Only
First District, Board of Supervisors		

	County of Los Angeles					Form OUL
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	First District, Board of Supervisors					
	Designated Agency Contact	(Name, Title)			_	
	Megan Moret, Ticket Admini	istrator				
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	213.974.4111	mmoret@bos.laco	unty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation			The second section of the second seco	
	Does the agency have a tick	ket policy? Yes	⊠ No□ 「	Face Value of	Each Ticket/Pass \$ 168	3
	Event Description: LA Phil					
	Event Description:	Provide Title/ Expla	nation	Date(s)	<u> </u>	
	Ticket(s)/Pass(es) provided	,		f no: LA Phil		
					Name of Source	
	Was ticket distribution made	at the behest Yes	□ No⊠ ^I	f yes:	Official's Name (Last, First)	
	of agency official?				Omeiars Name (Last, Plist)	
3.	Recipients					
J.	•	cy's denoutment on unit	Ting Continu D 4.	: 3		
	Use Section A to identify the agen	cy s department or unit.		identity an individ	iual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ıant to the agency's policy
	Staff		4	Per ticket po	licy 5.3 (k)	
			-			
	B. Name of Indi	vidual	Number		identify one of the fol	
	(Last, Firs	st)	of Ticket(s)/ Passes		identity one of the for	iowing:
				Ceren	nonial Role Other	Income 🔲
				If checi	king "Ceremonial Role" or "Other" descr	ibe below:
				Ceren	nonial Role Other	Income 🔲
				If check	king "Ceremonial Role" or "Other" descr	
				}		
	C. Name of Outside Or	ganization	Number	Dogoriho th	e public purpose made pursu	
	(include address and	description)	of Ticket(s)/ Passes	Describe tri	e hanne harbose made barsu	ant to the agency's policy
	-					
4.	Verification					
	I have read and understand FPI	PC Regulations 18944	1 and 18942	I have verified t	hat the distribution set fort	h ahovo is in accordance
	with the requirements.		10072.	avo voimou t	nat the distribution set fort	n above, is in accordance
		Men	an Moret		Ticket Administrator	3/28/18
	Signature of Agency Read or Designe		int Name		Title	(month, day, year)
						(monar, day, year)

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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret

Ticket Administrator

Signature of Agency-Head or Designee

Print Name

Title

(month, day, year)

Comment:

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Megan Moret Ticket Administrator 3/28/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

I have read and understand FRPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification

with the requirements

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only First District, Board of Supervisors Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213.974.4111 Date of Original Filing: mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 99 Does the agency have a ticket policy? Yes 🛛 No 🗀 Event Description: LA Phil Date(s) __3 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔯 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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	Megan Moret	Ticket Administrator
Signature of Agency Head of Designee	Print Name	Title

(month, day, year)

3/28/18

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Comment:

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	Megan Moret	Ticket Administrator	3/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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